

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28209** (7)

1. Corporation Name
SOUTH MIAMI BUSINESS NETWORK, INC.



Principal Place of Business: C/O ANN FISHER, ATTY. 1514 ZULETA AVENUE CORAL GABLES FL 33146
Mailing Address: C/O ANN FISHER, ATTY. 1514 ZULETA AVENUE CORAL GABLES FL 33146

3. Date Incorporated or Qualified: **09/07/1988**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0070014		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FISHER, ANN 1514 ZULETA AVENUE CORAL GABLES FL 33146				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP GOLDSTEIN, JULIAN 8401 NE 53 TERRACE SUITE 202 MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE	DP DOREEN REITNAUER 5801 SUNSET DR. S. MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV SORGIE, JOHN 5833 PONCE DE LEON CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE	1.2 NAME		
TITLE	DS FISHER, ANN 1514 ZULETA AVENUE CORAL GABLES FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
TITLE	DT REITNAUER, DOREEN 5801 SUNSET DR SAOUTH MIAMI FL 33143	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	DV VICTORIA SALOM 5711 S. DIXIE HWY S. MIAMI, FL. 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	2.2 NAME		
TITLE		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	DT NINA MEYER 2222 PONCE DE LEON BLVD CORAL GABLES, FL. 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.2 NAME		
TITLE		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.2 NAME		
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.2 NAME		
TITLE		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.2 NAME		
TITLE		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Julian Goldstein* 1-30-96 305-665-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)